



TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA LICENSE APPLICATION
(FOR STORAGE OF REGULATED ASBESTOS WASTE GENERATED FROM SMALL AND MINOR PROJECTS)

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

I. REMOVAL CONTRACTOR INFORMATION

Original: _____ Revision: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

E-MAIL ADDRESS: _____ E-MAIL LICENSE OR MAIL LICENSE

TEMPORARY STORAGE LICENSE NUMBER: _____ EXPIRATION DATE: _____

II. TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA INFORMATION

LOCATION DESCRIPTION OF TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA (INCLUDE DIRECTIONS**): _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____

PROPERTY OWNER OR LEASEE***: _____

ADDRESS (Street, City, State, Zip): _____

DISTANCE FROM NEAREST RESIDENCE OR PLACE OF BUSINESS: _____

DISTANCE FROM NEAREST MAJOR ROAD: _____

EXPECTED NUMBER OF AND STORAGE CAPACITY OF DUMPSTER(S) (CONTAINMENT AREA) TO BE USED (Example. Three 1 cubic yard dumpsters each with a 50 bag capacity): _____

III. PROCEDURES TO BE USED FOR RESTRICTING ACCESS TO TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA:

IV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OPERATOR) (DATE)

**A MAP PROVIDING DIRECTIONS TO THE TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA MUST BE ATTACHED WITH THE APPLICATION

***ATTACH A LETTER FROM THE PROPERTY OWNER AUTHORIZING STORAGE OF ASBESTOS CONTAINING WASTE AT THE SITE

For additional information concerning regulatory requirements call or visit our Web site at <http://www.scdhec.gov/environment/baq/asbestos.aspx>